

REQUEST FOR QUOTATION HQ941136

Quotations are due by 3:00 P.M., Local Time

September 12, 2008

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 W. Adams
Phoenix, AZ 85007
Phone: (602) 542-1040
Fax: (602) 542-1741

Date: September 5, 2008

VENDOR NOTICE

THIS IS NOT A PURCHASE ORDER

The terms and conditions attached to this form should be reviewed and understood before preparing a quotation.

The Uniform Terms and Conditions and Uniform Instructions to Offerors are incorporated into this document by reference, and may be obtained by visiting: <http://www.azeps.az.gov/PoliciesDocuments/terms/UIOV7.pdf> for the Instructions, <http://www.azeps.az.gov/PoliciesDocuments/terms/UTCv7.pdf> for the Terms and Conditions.

In accordance with Arizona Revised Statute 35-397, the offeror hereby certifies that the offeror does not have scrutinized business operations in Iran.

In accordance with Arizona Revised Statute 35-397, the offeror hereby certifies that the offeror does not have any scrutinized business operations in Sudan.

In accordance with Arizona Revised Statute 41-2535(B), this purchase is restricted to small businesses, if practicable. By signing this form, the Offeror self certifies that it is a small business as defined above. Please check as many as applicable:

____ I certify that my company is a Small Business. A Small Business is defined as a company having fewer than one hundred (100) employees or less than four million dollars (\$4,000,000) in gross receipts.

____ I certify that my company is a Woman-Owned Business Enterprise (WBE). A WBE is defined as an enterprise where a woman owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.

____ I certify that my company is a Minority-Owned Business Enterprise (MBE). An MBE is defined as an enterprise where an ethnic minority owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.

Submittal Location:

1740 West Adams, Room 303
Phoenix, AZ 85007

Delivery / Pick Up Location:

2500 East Van Buren Street
Phoenix, AZ 85008

Procurement Specialist: Tracy Chisler

Phone: (602) 542-1044 Fax: (602) 542-1741
Email: chislet@azdhs.gov

Item	Description of Material or Service	Estimated Quantity	Extended Price	
1	Security Uniforms, see Price Sheet, Page 10-12 for item listing	See Price Sheet	Complete Price Sheet, Page 10-12	
Delivery to be FOB Destination. Prices to include shipping charges. No additional charges will be allowed.			Sub-Total:	\$ n/a
			State Hospital is Tax-Exempt :	\$ 0.00
			Total:	\$ n/a

THIS SECTION MUST BE COMPLETED BY VENDOR

Delivery shall be made _____ calendar days after receipt of order. Payment Terms: _____

Company Name	Address	City	State	Zip Code	Phone No.	Fax No.
--------------	---------	------	-------	----------	-----------	---------

Signature

Date

Typed Name and Title

Procurement Administrator: _____

Date: _____

SPECIAL INSTRUCTIONS TO OFFERERS

Solicitation No. HQ941136

1. **SUBMISSION:** Quotations shall be signed by the offeror where applicable and delivered as designated no later than the date and time indicated on the first page of the document.
2. **INQUIRIES:** All inquiries must be submitted in writing to the Solicitation contact person, and within two (2) days before the Offer due date and time to allow sufficient time for question review and response.
3. **IDENTIFICATION:** Offeror agrees to provide a federal identifier (EIN or SSN) for the purposes of reporting to the appropriate taxing authorities, monies paid by the State under this contract.
4. **OPENING:** This is an informal quotation, which will not be read at a public opening; however, the information may be publicly reviewed after an award.
5. **STANDARD PROVISIONS:** The State of Arizona's Uniform Instructions and Uniform Terms and Conditions, where applicable, are a part of this document as if fully set forth herein. Copies of these documents are available from the A.D.H.S. Procurement Office or may be viewed at Arizona Department of Administration webpage at <http://www.azdoa.gov/>.
6. **TAXES:** The State of Arizona is exempt from Federal excise Tax, including the Federal Transportation Tax. The Arizona State Hospital is exempt from State Sales Tax.
7. **BID REJECTION:** The State reserves the right to reject any, or all, bids, combinations of items, or lot, and to waive defects or informalities.
8. **ERASURE;** Erasures, inter-lineation or other modifications must be initialed by the individual signing the Request for Quotation.
9. **BRAND NAMES:** Any manufacturer's names, trade names, brand names or catalog numbers used in the specifications are for the purpose of describing and establishing the general quality level, design and performance desired. Such references are not intended to limit or restrict bidding by other vendors but are intended to approximate the quality design or performance, which is desired. Any bid that proposes like quality, design or performance will be considered. If the description of your offer differs in any way, you must give a complete detailed description of your quotation including pictures and literature where applicable. Unless a specific exception is made, the assumption will be that you are bidding exactly as specified on the Request for Quotation.
10. **UNIT PRICE:** In case of error in the extension prices in the Quotation the unit price will govern. No Quotation shall be altered, amended or withdrawn after the specific date and time for receiving Quotations. Negligence by the vendor in preparing the Quotation confers no right for the withdrawal of the quotation after it has been opened.
11. **NEGOTIATIONS:** Negotiations may be held.
12. **EVALUATION:** Award shall be made based on the lowest price, and the responsible and responsive bidder whose bid conforms in all material respect to the requirements set forth in the request for quotation, and is determined to be the most advantageous to the State.
13. **PAYMENT:** The state will make every effort to process payment for the purchase of goods or services within thirty (30) calendar days after receipt of goods or services and a correct notice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any offer that requires payment in less than thirty (30) calendar days shall not be considered.
14. **ARIZONA PROCUREMENT CODE:** The Arizona Procurement Code (A.R.S. Title 41), Chapter 23 is available at most public libraries; A.C.C.R. Title 2, Chapter 7 may be purchased from the Arizona Secretary of State; and both are available for review at the D.H.S. Procurement Office. They may be viewed at Arizona Department of Administration webpage at <http://www.azdoa.gov/>
15. **REASONS FOR CANCELLATION:** Failure to provide materials, supplies or instruments in accordance with specifications or failure to meet the stated delivery commitment shall be cause for IMMEDIATE cancellation of the contract.
16. **ADDITIONAL TERMS AND CONDITIONS:** Submission of additional terms, conditions or agreements with the bid document may result in bid rejection.

SPECIAL TERMS AND CONDITIONS

REQUEST FOR QUOTATION # HQ941136

1. PURPOSE

Pursuant to provisions of the Arizona Procurement Code, A.R.S. '41-2501 Et Seq., the State of Arizona, Department of Health Services ("ADHS") intends to establish a contract for the materials or services listed herein for the Arizona State Hospital in accordance with the requirements outlined herein.

2. TERM OF CONTRACT (3 YEARS)

The term of the resultant contract shall commence upon the award date on the Offer and Acceptance form, and shall remain in effect for three years, unless terminated, canceled, or extended as otherwise provided herein.

3. CONTRACT EXTENSIONS (2 YEAR MAXIMUM)

The Department may, by mutual written Contract amendment, extend any resultant Contract in twelve (12) month increments for a maximum of two (2) years. The Contract term shall not exceed a total of five (5) years from the date of Contract award, or \$50,000, whichever comes first.

4. CONTRACT TYPE

☒ Fixed Price

5. SINGLE AWARD CONTRACT

This is an all or nothing bid. All items within this solicitation have been grouped together for purposes of obtaining these items collectively from a single source. To be considered for award of this solicitation, the bidder is required to provide prices on all items within this solicitation. Failure to provide pricing for any item within the solicitation shall result in the bidder being declared non-responsive and ineligible to receive an award.

6. INFORMATION DISCLOSURE

The contractor shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the contract. Persons requesting such information should be referred to the state. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of contractor as needed for the performance of duties under the contract, unless otherwise agreed to in writing by the state.

7. AUTHORIZATION FOR PURCHASE OF GOODS

Authorization for purchase of goods under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to charge for items up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for items in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless: a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of goods under this contract.

8. PACKING SLIP

Each shipment shall include a packing slip showing the contract number and the quantity being shipped. All invoices and shipments issued under this contract will identify and reference the Purchase Order number. Any shipments received without a Purchase Order Reference number on all shipping cartons will not be accepted.

9. DEFECTIVE PRODUCTS

All defective products shall be replaced and exchanged by the contractor. The cost of transportation, unpacking, inspection, repacking, reshipping or other like expenses shall be paid by the contractor. All replacement products must be received by the

SPECIAL TERMS AND CONDITIONS

REQUEST FOR QUOTATION # HQ941136

state within seven (7) days of initial notification.

10. NEW PRODUCTS

New products announced by manufacturers on contract may be submitted by the contractor for add-on to the existing contract. Pricing shall be equivalent to the percentage discount for each brand or class of product originally offered.

11. FEDERAL IMMIGRATION LAWS, COMPLIANCE BY STATE CONTRACTORS

By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

12. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996

The

Contractor warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both the ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep the ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Contractor agrees to sign the "Arizona Department of Health Services Pledge to Protect Confidential Information" and to abide by the statements addressing the creation, Use and Disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

13. INDEMNIFICATION

Contractor agrees to indemnify, defend, save and hold harmless the State of Arizona, and their respective directors, officers, officials, agents and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, costs, losses, or expenses, including reasonable attorney's fees, (hereinafter collectively referred to as "Claims") arising out of actual or alleged bodily injury or personal injury of any person (including death) or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of Contractor's directors, officers, agents, employees, volunteers or subcontractors. This indemnity includes any claim or amount arising or recovered under the Workers' Compensation Law or arising out of the failure of Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all Claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable.

This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

14. INSURANCE REQUIREMENTS

Vendor shall procure and maintain, until all of their obligations, including any warranty periods under this Contract, are satisfied,

SPECIAL TERMS AND CONDITIONS

REQUEST FOR QUOTATION # HQ941136

insurance against claims for injury to persons or damage to property which may arise from or in connection with the purchase and or use of the commodity.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Vendor from liabilities that might arise out of the purchase and use of the commodities sold under this Contract by the Vendor, his agents, representatives, employees or subcontractors and Vendor is free to purchase such additional insurance as may be determined necessary.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Contractor shall provide coverage at least as broad and with limits of liability not less than those stated below.

1. Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability.

- | | |
|--|-------------|
| • General Aggregate | \$1,000,000 |
| • Products – Completed Operations Aggregate | \$ 500,000 |
| • Personal and Advertising Injury | \$ 500,000 |
| • Fire Legal Liability | \$ 25,000 |
| • Blanket Contractual Liability – Written and Oral | \$ 500,000 |
| • Each Occurrence | \$ 500,000 |

2. Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

Combined Single Limit (CSL) \$ 500,000

- a. The policy shall be endorsed to include the following additional insured language: *“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor.”*
- b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

3. Worker's Compensation and Employers' Liability

Workers' Compensation

Statutory

Employers' Liability

- | | |
|-------------------------|------------|
| Each Accident | \$ 100,000 |
| Disease – Each Employee | \$ 100,000 |
| Disease – Policy Limit | \$ 100,000 |

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

B. ADDITIONAL INSURANCE REQUIREMENTS: The policies are to contain, or be endorsed to contain, the following provisions:

1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
2. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this

SPECIAL TERMS AND CONDITIONS

REQUEST FOR QUOTATION # HQ941136

Contract.

- C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **Arizona Department of Health Services-Office of Procurement, 1740 W. Adams, Room 303, Phoenix, AZ 85007** and shall be sent by certified mail, return receipt requested.
- D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the State of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Vendor from potential insurer insolvency.
- E. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to **Arizona Department of Health Services-Office of Procurement, 1740 W. Adams, Room 303, Phoenix, AZ 85007**. The State of Arizona project/contract number and project description are to be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**

- F. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract must have prior approval from the State of Arizona Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal contract amendment, but may be made by administrative action.
- G. **EXCEPTIONS:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university then none of the above shall apply.

15. OFFSHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this Contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the Contract. This provision applies to work performed by subcontractors at all tiers.

16. PANDEMIC CONTRACTUAL PERFORMANCE

- A. The State shall require a written plan that illustrates how the Contractor shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at anytime prior to or post award of a contract. At a minimum, the pandemic performance plan shall include:
1. Key succession and performance planning if there is a sudden significant decrease in Contractor's workforce.
 2. Alternative methods to ensure there are products in the supply chain.
 3. An up to date list of company contacts and organizational chart.
- B. In the event of a pandemic, as declared by the Governor of Arizona, U.S. Government or the World Health Organization, which

<p style="text-align: center;">SPECIAL TERMS AND CONDITIONS REQUEST FOR QUOTATION # HQ941136</p>
--

makes performance of any term under this Contract impossible or impracticable, the State shall have the following rights:

1. After the official declaration of a pandemic, the State may temporarily void the contract(s) in whole or specific sections, if the contractor cannot perform to the standards agreed upon in the initial terms.
2. The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code.
3. Once the pandemic is officially declared over and/or the Contractor can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Contract(s).

SPECIFICATIONS

REQUEST FOR QUOTATION # HQ941136

1. BACKGROUND

The Arizona State Hospital Security Department is requesting a contractor to supply security uniforms and equipment to all new security officers, as well as existing officers, in the department.

2. OBJECTIVE

Provide uniforms and equipment, as required to the Arizona State Hospital Security Department within 2 – 5 days after fitting, or sooner as available.

3. SCOPE OF SERVICE

Uniforms shall meet the Arizona State Hospital specifications and be available for all new and existing security officers.

4. TASKS

Uniforms provided shall be tailored (fitted) on-site at the Contractor's location unless the Contractor is located more than ten (10) miles from the Arizona State Hospital; if so, the Contractor shall be required to come on-site to the Arizona State Hospital to do fittings at no additional charge.

- A. The dress uniform shirts (Flying Cross, light blue in color, style Fechheimer #66A4915 of equal to or better quality) shall have the appropriate required patches sewn on the shirts, the epaulets cross-stitched, and the area the badge is placed on the shirt shall be reinforced and sewn on the shirt to Arizona State Hospital Security specifications.
- B. The trousers shall be fitted to the officer, as above.
- C. All other equipment shall be available at the time of the order, unless otherwise agreed upon.

5. REQUIREMENTS

The Arizona State Hospital Security Officer Dress Code requires the following items be provided to all security officers upon hire:

- A. All security officers shall be provided at least one (1) pair of trousers, style Fechheimer UD3900 (size 28 - 60) of equal to or better quality, dark navy blue with reinforced pockets and seams. All security officers shall be issued two (2) more pair of trousers which may be the style UD3900 or proper brand BDU of equal to or better quality sewn to military specification MIL-T-44047E. Additionally, the Fechheimer BDUs #49300 trousers of equal to or better quality shall be standard as a replacement brand available for purchase by the officers at their own expense.
- B. All security officers shall be provided at least one (1) Fechheimer/Flying Cross Style 66A4915 long sleeve or short sleeve shirt of equal to or better quality. The Contractor shall issue two (2) more shirts to all security officers which may be the style 66A4915 or the burgundy knit style, chest pocket, banded sleeve, sizes small to 6XL, Edwards Garment 1455-13 polo shirt or equivalent. Sergeant stripes may also be required on Style 66A4915 shirts equal to or better quality. The embroidered security officer badge or Sergeant badge, as required, needs to be placed on all Edwards style polo shirts or equivalent at no additional charge.
- C. One (1) Jacket: Fechheimer/Flying Cross #59130 of equal to or better quality navy blue with zip out liner and badge tab; embroidered name tag; Arizona wavy flag on left sleeve; Arizona State seal patch on right sleeve; sergeant stripes as required. This jacket shall be available with either gold or silver colored buttons as required.
- D. One (1) Hat: Fechheimer style 11644 equal to or better quality; dark navy blue with mesh back; Arizona State seal patch sewn on front of hat.
- E. Name Tag: either silver Officers or gold Sergeant nameplate (large) ½" X 2 ¼", plus cloth name tag for jacket (white letters on navy background).
- F. One (1) Belt: style 605 of equal to or better quality; black; basketweave with silver buckle; available in sizes 28 – 58.

<div style="text-align: center;">SPECIFICATIONS REQUEST FOR QUOTATION # HQ941136</div>
--

G. Glove Holder (1): Raine 13GWLH or equivalent; nylon.

6. **APPROVALS**

Approval of all uniforms and equipment upon pick up.

7. **DELIVERY SCHEDULE**

All uniforms shall be available for pick up within 2 – 5 days after fitting, or sooner as available.

8. **PAYMENTS**

Invoices shall include the officer's name and an itemized list with Contract pricing for each item received.

9. **NOTICES, CORRESPONDENCE, REPORTS, INVOICES AND PAYMENTS**

- a. Invoices shall be submitted to the Hospital Business Office within thirty (30) days after delivery. The invoices shall be sent to the following address:

Arizona Department of Health Services
Attn: Business Office
2500 East Van Buren Street
Phoenix, Arizona 85008

- b. Invoices shall be paid by ADHS within thirty (30) days following receipt of the invoice. In the case of any dispute regarding part of any invoice, ADHS shall pay the undisputed part according to the payment terms described above.

- c. Notices, Correspondence, Reports and Payments from The Department to the Contractor shall be sent to:

Contractor _____
Attention: _____
Address _____
Address _____
City, State, Zip _____

PRICE SHEET
REQUEST FOR QUOTATION # HQ941136

	Description	Estimated Annual Usage	Unit Rate
1	<p>Shirts; Flying Cross Style 66A4915 of equal to or better quality, light blue short sleeves; AZ flag patch on left sleeve; badge tabs, penholder, and "X" stitch epaulet; sergeant stripes as required. All alterations and the sewing of the patches shall be included in the price.</p> <p>If bidding on other than stated above, please specify, Brand: _____ Catalogue Number: _____</p>	30	/each
2	<p>Shirts; Flying Cross Style 16A4915 of better or equal quality, light blue long sleeves; AZ flag patch on left sleeve; badge tabs, penholder, and "X" stitch epaulet; sergeant stripes as required. All alterations and the sewing of the patches shall be included in the price.</p> <p>If bidding on other than stated above, please specify, Brand: _____ Catalogue Number: _____</p>	30	/each
3	<p>Polo Shirts; Edwards Garment 1455-13 of equal to or better quality, burgundy knit style, chest pocket, banded sleeve, sizes small to 6XL.</p> <p>If bidding on other than stated above, please specify, Brand: _____ Catalogue Number: _____</p>	30	/each
4	<p>Trousers; Fechheimer (Flying Cross) Style UD3900 of equal to or better quality, (size 28-60) dark navy blue with reinforced pockets and seams. All alterations and the sewing of the patches shall be included in the price.</p> <p>If bidding on other than stated above, please specify, Brand: _____ Catalogue Number: _____</p>	30	/each
5	<p>Trousers; Fechheimer (Flying Cross) Style proper brand BDU of equal to or better quality (size 28-60) dark navy blue with reinforced pockets and seams. All alterations and the sewing of the patches shall be included in the price.</p> <p>If bidding on other than stated above, please specify, Brand: _____ Catalogue Number: _____</p>	30	/each

PRICE SHEET
REQUEST FOR QUOTATION # HQ941136

6	<p>Trousers; Fechheimer (Flying Cross) Style 49300 of equal to or better quality, (size 28-60) to be purchased by officer as replacement clothing. All alterations and the sewing of the patches shall be included in the price.</p> <p>If bidding on other than stated above, please specify,</p> <p>Brand: _____</p> <p>Catalogue Number: _____</p>	30	/each
7	<p>Jacket; Fechheimer #59130 of equal to or better quality, navy blue with zip out liner and badge tab; embroidered name tag; Arizona wavy flag on left sleeve; Arizona State Seal patch on right sleeve; Sergeant Stripes as required. Jacket to be available with gold or silver colored buttons as required. All alterations and the sewing of the patches shall be included in the price.</p> <p>If bidding on other than stated above, please specify,</p> <p>Brand: _____</p> <p>Catalogue Number: _____</p>	30	/each
8	<p>Hat; Fechheimer style or equivalent, dark navy blue with mesh back; Arizona State Seal patch sewn on front of hat. All alterations and the sewing of the patches shall be included in the price.</p> <p>If bidding on other than stated above, please specify,</p> <p>Brand: _____</p> <p>Catalogue Number: _____</p>	30	/each
9	<p>Name Tag #69R or equivalent, silver or gold nameplate (Large) ½" x 2 ¼"; plus cloth nametag for jacket. White letters on navy background.</p> <p>If bidding on other than stated above, please specify,</p> <p>Brand: _____</p> <p>Catalogue Number: _____</p>	30	/each
10	<p>Belt; Style 605 of equal to or better quality; black; basket weave with silver buckle; available in sizes 28" – 58".</p> <p>If bidding on other than stated above, please specify,</p> <p>Brand: _____</p> <p>Catalogue Number: _____</p>	30	/each
11	<p>Glove Holder; Raine 13GWLH; nylon of equal to or better</p>	30	/each


PRICE SHEET REQUEST FOR QUOTATION # HQ941136

	quality. If bidding on other than stated above, please specify, Brand: _____ Catalogue Number: _____		
12	Percentage off discount for items not listed above		%

***Failure to provide pricing for any item within the solicitation shall result in the bidder being declared non-responsive and ineligible to receive an award.**

**Vendor able to meet delivery as indicated in the Special Terms and Conditions, Paragraph 10? YES____ NO____.
 If no please state delivery date in calendar days. _____ ARO.

*****FOB Destination**

	CERTIFICATE OF INSURANCE		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams Street Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX		
	Request for Quote No.: HQ941136 EXAMPLE				
PRIOR TO COMMENCING SERVICES UNDER THIS CONTRACT, THE CONTRACTOR MUST FURNISH THE DEPARTMENT, CERTIFICATION FROM INSURER(S) FOR COVERAGES IN THE MINIMUM AMOUNTS AS STATED BELOW, THE COVERAGES SHALL BE MAINTAINED IN FULL FORCE AND EFFECT DURING THE TERM OF THIS CONTRACT, AND SHALL NOT SERVE TO LIMIT ANY LIABILITIES OR ANY OTHER CONTRACTOR OBLIGATIONS					
NAME AND ADDRESS OF INSURANCE AGENCY NAME AND ADDRESS OF INSURED		COMPANY LETTER A B C D	COMPANIES AFFORDING COVERAGE		
This is to certify that the policies of insurance listed below have been issued to the insured named above and are in force at this time					
COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE	
	<input type="checkbox"/> COMPREHENSIVE GENERAL LIABILITY FORM <input checked="" type="checkbox"/> PREMISES OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input checked="" type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> EXPLOSION & COLLAPSE (IF APPLICABLE) <input type="checkbox"/> UNDERGROUND HAZARD (IF APPLICABLE)			General Aggregate Product-Completed Operations Aggregate Person and Advertising Injury Blanket Contractual Liability – written and oral	\$ 1,000,000 \$ 500,000 \$ 500,000 \$ 500,000
	<input checked="" type="checkbox"/> COMPREHENSIVE AUTO LIABILITY INCLUDING NON-OWNED (IF APPLICABLE)			Bodily Injury – each person Bodily injury – each accident Property Damage	\$ 500,000 \$ 500,000 \$ 500,000
	<input type="checkbox"/> UMBRELLA LIABILITY				
	<input checked="" type="checkbox"/> WORKMEN'S COMPENSATION AND EMPLOYER'S LIABILITY			Each accident Disease – each employee Disease – Policy Limit	\$ 100,000 \$ 100,000 \$ 100,000
	<input type="checkbox"/> OTHER				
State of Arizona and the Department named above are added as additional insured as required by statute, contract, purchase order or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.			It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the State without thirty (30) days written notice to the State. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.		
NAME AND ADDRESS OF CERTIFICATE HOLDER			DATE ISSUED _____		
			_____ AUTHORIZED REPRESENTATIVE		